

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/1646625 FILING DATE

APPLICANT(S)

1125105 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
17			/			
18			/			
19			/			
20			/			
21			/			
22			/			
23			/			
24			/			
25			/			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34			/			
35			/			
36			/			
37			/			
38			/			
39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/		52	/		53	/	
54	/		55	/		56	/	
57	/		58	/		59	/	
60	/		61	/		62	/	
63	/		64	/		65	/	
66	/		67	/		68	/	
69	/		70			71		
72			73			74		
75			76			77		
78			79			80		
81			82			83		
84			85			86		
87			88			89		
90			91			92		
93			94			95		
96			97			98		
99			100					
TOTAL IND.	3							
TOTAL DEP.	61							
TOTAL CLAIMS	64							